

NOTICE OF INDEPENDENT REVIEW DECISION

December 4, 2002

RE: MDR Tracking #: M2-03-0297-01
IRO Certificate #: 4326

___ has been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO). The Texas Workers' Compensation Commission (TWCC) has assigned the above referenced case to for independent review in accordance with TWCC Rule §133.308 which allows for medical dispute resolution by an IRO.

___ has performed an independent review of the proposed care to determine if the adverse determination was appropriate. In performing this review, relevant medical records, any documents utilized by the parties referenced above in making the adverse determination, and any documentation and written information submitted in support of the appeal was reviewed.

The independent review was performed by a ___ physician reviewer who is board certified in anesthesiology which is the same specialty as the treating physician. The ___ physician reviewer has signed a certification statement stating that no known conflicts of interest exist between him or her and any of the treating physicians or providers or any of the physicians or providers who reviewed the case for a determination prior to the referral to ___ for independent review. In addition, the reviewer has certified that the review was performed without bias for or against any party to this case.

Clinical History

This 37 year old female sustained a work-related injury on ___ when she was struck in the upper back with a cart. An MRI of the lumbar spine performed on 09/05/02 revealed mild spondylosis and a mild diffuse bulging disc at L4-5 and a small central bulge at L5-S1. The patient continues to complain of back pain and the treating physician has recommended that the patient undergo bilateral lumbar facet injections and bilateral S1 joint block injections.

Requested Service(s)

Bilateral lumbar facet injections and bilateral S1 joint block injections.

Decision

It is determined that the lumbar facet injections are medically necessary to treat this patient's condition. However, it is determined that the bilateral S1 joint block injections are not medically necessary to treat this patient's condition.

Rationale/Basis for Decision

The medical record documentation indicates that the patient's pain is non-radicular and axial in nature and is worse with extension. In addition, an MRI indicates facet arthropathy. Facet blocks are currently indicated for patients with low back pain who have not responded to directed conservative care for at least 4 weeks. The

North American Spine Society Guidelines (Phase III) recommend facet blocks to facilitate active treatment or to assess the possibility of facet neurotomy. Medicare Local Medical Review Policy guidelines recommend facet blocks in patients without strong radicular components. However, it should be noted that multiple injections, such as a combination of facet blocks and epidural steroid injections or sacro-iliac blocks, may lead to improper diagnoses or unnecessary treatment. It is not recommended that S1 joint block injections be performed in connection with facet block injections. Therefore, the bilateral lumbar facet injections are medically necessary, however, the bilateral S1 joint block injections are not medically necessary.

This decision by the IRO is deemed to be a TWCC decision and order.

YOUR RIGHT TO REQUEST A HEARING

Either party to this medical dispute may disagree with all or part of the decision and has a right to request a hearing.

If disputing a spinal surgery prospective decision a request for a hearing must be in writing and it must be received by the TWCC Chief Clerk of Proceedings within **10** (10) days of your receipt of this decision (20 Tex. Admin. Code 142.5 (c)).

If disputing other prospective medical necessity (preauthorization) decisions a request for a hearing must be in writing and it must be received by the TWCC Chief Clerk of Proceedings within **20** (twenty) days of your receipt of this decision (28 Tex. Admin Code 148.3).

This Decision is deemed received by you 5 (five) days after it was mailed (28 Tex. Admin Code 102.4(h) or 102.5(d)). A request for hearing should be sent to: Chief Clerk of Proceedings, Texas Workers' Compensation Commission, P.O. Box 40669, Austin, Texas, 78704-0012. **A copy of this decision should be attached to the request.**

The party appealing the decision shall deliver a copy of its written request for a hearing to all other parties involved in the dispute (Commission Rule 133.308 (t)(2)).

Sincerely,